Office of the State Fire Marshal Investigations Division 800 SW Jackson St. STE. 104 Topeka, KS 66612

Report of Theft or Loss of Explosive Materials

		For	OSFM Use Only			_
Date Received		BATS Case #	BATS Case #		OSFM Case #	
		To Be Complete	d By Person Maki	ng Report		ļ
someone will c Contact the AT 1-800-800-385 Contact your lo Complete this form with the	fice of the State Fir all you in the morn F toll free at 1-800- 5 to report the the ocal law enforceme form and attach an additional material	f your explosive produce Marshal at 785-29 ing461-8841, between ft or loss. nt office to report the yadditional reports, (s) to the OSFM at (7	duct: 6-8984 to report the 8:00 a.m. – 5:00 p.n ne theft or loss, unle sheets or paperwor	theft or loss. If after hon. EST or after hours and	urs, leave a message and weekends contact ATF at eft/loss report. ne information, and fax the	
Type of Report (Check one) Theft Loss Attempted Theft/Suspicious Activity						
Full name of person makin	ng report (Last, First, I	MI)	Licensee or Perr	Licensee or Permittee Name		
OSFM Permit Number			Federal Explosiv	Federal Explosives License or Permit Number		
Office Address (Street Add						
Theft colors	D.U.	T'	I November 1	F. (harman del Carlo OCCA	
Theft or loss Discovered	Date	Time	Name of Local L	aw Enforcement Officer to V	vhom reported if not OSFM	
When was the Magazine I checked. Occurred (Approximate if			Name and addre	Name and address of Local Authority to whom reported if not OSFM		
not known) Reported to OSFM by			Telephone Num	Telephone Number from		
Telephone Reported to local authorities			Police Report Nu	Police Report Number		
Explosive Materials Lost o	r Stolen (Attach invo		ts, if necessary)			
Manufacturer and/or Brand Name Importer		Date Shift Code	Size (Length & Diameter)	Quantity (Pounds or Explosives, Number of Dets.	Type and Description (Dynamite, Blasting Agents, Detonators, etc.)	